

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013387

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2710

FILED MAR 28 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN St. Louis

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION City Hospital #1

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

4446 Delmar Blvd.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

ERSKIN

HICKS

## 4. DATE OF DEATH

Month

Day

Year

March

5

1963

## 5. SEX

Male

## 6. COLOR OR RACE

Negro

## 7. Married

Widowed ☒

## 8. DATE OF BIRTH

12-15-03

## 9. AGE (last birthday)

59

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Nil

## 11. BIRTHPLACE (City and state or country)

Tennessee

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Charlie Hicks

## 13b. MOTHER'S MAIDEN NAME

Frances Bledsoe

## 14. NAME OF HUSBAND OR WIFE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates)

No

## 17. INFORMANT

James Hicks

## Address

4446 Delmar Blvd.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Coronary Occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

Arterio Sclerosis

#### DUE TO (c)

4201

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Helen L. Taylor, Coroner

## 22b. ADDRESS

1300 Clark Ave.

## 22c. DATE SIGNED

3-8-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

3-8-63

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

Coverington, Tennessee

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

G. Wade Granberry 4202 Finney Ave.,

## 25. DATE RECD. BY LOCAL REG.

MAR 8 1963

## 26. REGISTRAR'S SIGNATURE

Joan Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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DATE AMENDED

2/19/63

2/19/63

2/19/63

2/19/63

2/19/63

2/19/63

2/19/63

2/19/63

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Edward A. Flynn*

Licensed Embalmer No.

*4444*

P. O. Address

*4202 Tenney*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.